Meaningful Use Workgroup
Subgroup #3: Improving Care Coordination
Transcript
July 2, 2012

Presentation

MacKenzie Robertson – Office of the National Coordinator

Good afternoon everybody, this is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Meaningful Use Workgroup Subgroup #3 Improving Care Coordination. This a public call and there will be time for public comment at the end. The call is also being transcribed so please make sure you identify yourself when speaking. I will now take roll. Charlene Underwood?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Charlene. Michael Barr? Jessica Kahn? David Bates? George Hripcsak? Eva Powell?

Eva Powell – National Partnership for Women & Families

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Eva. Leslie Kelly Hall?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Leslie. And Larry Wolf? I know Larry is on; he might be on mute. Are there any staff on the line?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, I'm on, sorry, I was on mute.

MacKenzie Robertson – Office of the National Coordinator

All right, thanks, Larry. Are there any staff on the line?

Michelle Nelson – Office of the National Coordinator

Michelle Nelson, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Michelle. Okay, Charlene I'll turn it back over to you.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Thank you very much, just to explain where we are in the process for anyone who is joining us, Workgroup 3 has been working on determining recommended requirements for Stage 3 in the area of care coordination, so to that end we've been having testimony. So, the handouts reflect the information from the testimony, our summary, conclusions from that testimony, some identification of EHR requirements coming from that, and I've updated that since to the last column that is available for the Workgroup to peruse and comment. But the intent is to try and keep our research in one place so we can kind of go back and reference that.

We're now in the process of looking towards those requirements and reflecting those in the Meaningful Use document in terms of recommended requirements for Stage 3 and this is the matrix document and we made it through two of the requirements in our last call, and we're going to continue with that process today starting on page 4.

But, just to frame the perspective again, as we thought through what our vision and our approach would be, again we recognize that it's an evolution toward a more collaborative care model that's increasingly patient centric and supportive of a longitudinal view of the patient and their care as some themes.

We are using a use case focus and have identified four key use cases that we want to see encompassed in this process with an important one being the ongoing communication around a patient's care and care plan, and the third piece that we really endorsed and added into the process this year is if we're going to top it this time is if we're talk about communication it needs to bidirectional. So those are kind of some of the philosophical overarching themes that we're trying to build into the requirements.

As we choose our requirements though we're also sensitive to certainly the direction of health reform, the Accountable Care Act, and most recently the Supreme Court decision, but in addition trying to be sensitive to the fact of where people are in their adoption of what some of their needs are so kind of balancing all those.

The other criteria, in terms of looking at these requirements is a recognition that overall for each stage they tend to like to bound the total number of requirements, so a sense to choosing those high levers that will make a difference and maybe not all the details in those, so to kind of frame that kind of approach to what we're trying to put together here. Any other questions or comments?

Oh, the other question I did want to make or comment, Leslie did some pretty good homework on the standards and in the first stage another change that we made is there were a lot of standards that were not defined to support care coordination. Significant progress has been made in this area since we did the Stage 2 definition, so that's just another factor that I think plays into some of our recommendations. And that's kind of how I'll introduce it when we, you know, present it to the overall Workgroup tomorrow. All right?

All right, that being said, I'd like to move to page 4 and this is the requirement and I made a suggested objective change and then I'd kind of like to review it with the group. So, on page 4 in Stage 1, provide the summary of care record for more than 50% of all transitions and referrals of care. And in Stage 1, Stage 2 we actually maintain that objective, but the difference was we added in the requirement to include in there care team members as well as care plans. So, again, we're still waiting for…and we were really not quite sure how to actually count it, but the intention of Stage 2 is that this transaction would actually be fulfilled and it would be sent to the recipient organization.

The other point I think the feedback we've got in the process is recognizing that this has been a hard one for those providers in Stage 1 to actually implement for 2 reasons, one there may not have been a recipient system, but secondly, there was confusion about what is a test. So, anyway, with that being said why don't we actually kind of move to kind of what I was proposing with some sensitivity that, you know, this will still be a challenging one in Stage 2.

So, what I framed, and I'll just walk through what I put in here and then we can kind of open it to discussion. I left a summary of care record but I'd gotten some feedback that depending on whether you're a specialist or you're a, you know, a specialist, depending on the kind of physician you were or the situation you were in you may have wanted to send an alert that's available, not necessarily the document itself, and that there was some importance in terms of the kind of transition in terms of its urgency. So, in some cases the provider might want it immediately, for instance in the case of the transition to a nursing home. In other cases there was less urgency in terms of the timeframe, so I kind of reflected a little bit more of, you know, the timeliness as well as the kind of information that's included.

And then the other concept I put in was that the recipient would actually receive and be able to import a core set of the information but not limited to and I put in this concise narrative in support of the transition and I put some words around that.

So, in this recommendation I kind of put two objects, one that they would be able to sell it and send it. And then secondly, that we would be able to indicate that it was received in that process. And then I left, you know, this is…you know, depending on the Stage I left it at 50%. So, it was kind of the both ways, you know, sending it out as well as being able to receive it in the recommendation.

So, again, a lot here and there are a lot of dependencies here. This is clearly one piece that we got when we talked with the long-term care folks that they wanted an acknowledgment that it was actually received and could actually do something with it, make it useful. So, comments, suggestions, other alternatives?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, this is Leslie and what you're saying is we are moving into a higher threshold, correct?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Well, I left it at 50% at this point, because we don't really know and we can vary it based on the type, but it was 65% remember for Stage 2 and we pushed it back to 50, so I just left it at 50 for this point.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yeah, I would push it to 65 because we're now talking about 2016, right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, it's not a stretch to go…to give them that kind of notice to 65%.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And then also, I think that if we get too prescriptive on things like any desired period by any recipient provider that requires much more work for the vendors than just saying everything should be available within…even if you wanted to keep it open ended with it as care dictates or as care warrants, because that will be…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Do you want me to leave it there, as care warrants? I'm okay; I would know this was prescriptive so it was…

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And the feedback, again we're getting some feedback from the provider, you know, and this is material actually that Michael would be able to bring to the table if he were on here, that, you know, the physicians either wanted an alert, the full summary and/or both and then sometimes more quickly or not, so I was trying to reflect, again there…and I actually reflect this later in the objectives where a provider can, you know, have some preference in terms of when they receive the material.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, there's a couple of things there. So, when you send a result or an observation, or a summary of care document, anything electronically to another EMR it's going to come in an in-box. And so, in effect that in-box notice is an alert you can choose to have a process that says I'm going to accept that right now or I'm going to accept that when my nurse says review and my nurse will indicate whether that result has to be urgent or not, that happens today. I get a lab result in, the workflow says somebody reviews it, they determine whether it needs emergent or urgent action or it just gets recorded in the record for information. And I think that that process would be the same. So, I don't think we've gained anything.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And actually cause potential more work for the vendor when in fact there is an alert right now, if it comes in as a standard observation result or summary of care document.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, it is always up to the clinicians discretion whether to accept a record or not, whether to accept information or not.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And I think that that's fine. I just don't want to end up with, you know, the one nursing home says I need it within 4 hours and the primary care doctor says I need it within 48 hours, it becomes just too hard to manage.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, I'll make it by warranted by the care required. My only issue is…and do I put…I'm totally aligned with what you're saying, Leslie, just sometimes when it gets translated to certification then it becomes less flexible, right? So, I just…

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yes, well then we just…if it's going to be less flexible then we should say within 8 hours, you know, because at the time of discharge in a hospital for instance, let's say my orders come through at 9:00 a.m. for discharge, my discharge time is 11:00 or maybe noon, transport is arranged, patient presents at the next care and Larry could speak more to this, I might have a reasonable time, 8 hours might be a reasonable amount of time to still get a care transition in time.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

This is Larry, my sense is where trying to address the difference between what's in regulation and what's seen as good or best practice.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And so, today in Stage 1 and proposed for Stage 2 there is a pretty big timely note allowed for people to do things in and we don't want to give the signal to the world that it's okay to wait days or weeks even to complete something.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That if you're following the patient you want the information to move at the speed with which the patient moves, all right?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And the speed with which decisions around the care move and so I think it's important to communicate a sense of that the documents should be sent in a timely manner and that where we put time bounds on them that they're seen not as this is what you should do, this is best practice, but they're seen as we feel like we're giving you enough breathing room that you can do this without tripping up on exceptions.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yeah, so what's your recommendation Larry?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I would rather we send a partial summary at the time of transfer and then it got followed up with a more complete one if there was more known. A lot of the information that goes in the care summaries is not, you know, this isn't in the last hour.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

The narrative note we'd like to have in the last, you know, this is current as of when the patient is leaving, but, now if we're going to get, you know, sort of visioning down the road a little bit more robust information as we often get on paper and it says, here's a history of medication administration, so for each medication when it was last given.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

You know, I'd like that to be current and this is the most recent labs, I'd like that to be current but many of those labs came in over the last 2 or 3 days. It's probably more important for me to know about the lab that hasn't come back yet that I should expect to come back in the next day or two and they tell me that this person has a really bad infection I have to worry about.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, in the normal kind of result, observation, summary of care message type you could print a summary of care or send a summary of care at discharge and it will go as completed as it is.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

When updated information comes the computer knows that it has more information and sends the balance of that just like…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, you could certainly imagine that the systems are set up that way, right?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I think that's what we should strive for.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, the recommendation here is to provide a summary of care record for each transition or referral when the transition occurs and supplement that, and provide updates when information is available? I mean, that's really vague.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

…sorts of feedback to nonspecific, but…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

But that's kind of the intent here, what you'd like to signal?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

I think that's a best possible.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Well, because I put warranted by care required, so it's that one or, I mean…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

I like Larry's better, because…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Oh, I'm fine with that, so I'll modify it to be…I want it…you know, provide what's available…well we can certainly find it and updates when more information is available, right?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Oh, we'll get a lot of comments on that, but, okay. I'm okay with that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Comments are good.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, but, no that's clearly by Stage 3 should be the intent. All right, okay, how about the next one then? I know I'm too specific, but you can help me narrow it then.

George Hripcsak – Columbia University NYC

Hey, guys, this is George, just telling you I'm able to get onto this half an hour while I'm in a cab between two things, so I'll put it on mute, because it's very loud here.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, George will you be with us tomorrow though?

George Hripcsak – Columbia University NYC

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so, what we're working on is submitting what's available in a summary of care record immediately upon the transition and supplemental information when it's available, that's our recommendation.

George Hripcsak – Columbia University NYC

Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay? And we're not going to get specific in terms of how it's received by whom. Okay, I like that. The next piece of it then was to close the loop of that, because we'd heard that, that the recipient, I don't know how I'd say that, but provider can receive, review and I put import a core set of data, and then the other thing I heard really loudly is they want this concise narrative and support of the care transitions, free text, displaying course of care and changes in the care plan, so that maybe too specific. So, again, suggestions on this one?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Well, that's generally the narrative note; it's the discharge note that they're talking about or the transition of, the reason for referral.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, it's those couple of sentences a doctor makes to sum it all up and say, okay, here's what happens and here's the fundamental things I did.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, so I think one of the reasons we're hearing this notion of I want something concise is people are beginning to get a sense of information overload.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That the tools are getting better and better at bringing forward information and people are going, you know, you just sent me 3 pages, can you tell me in one sentence what' really important here?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Or put the really important stuff up front or do something to help me sort through this flood of information you're sending me and as the documents get more robust and they certainly are getting more robust, you know, three pages becomes 20 pages. So, I think the intention here is…or what we're hearing as it responds to a perceived flood happening.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, that's the intention. So, Leslie, in your view is it too specific or?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

No, I don't think it's too specific, I do think that…I'll do some research because I think the summary of care allows for the narrative in the structure of the summary of care document and in the same case, as we talked about before, if I dictate my discharge or my reason for referral that might get added later, but it's absolutely necessary. And to Larry's point, trying to get to something concise it will be…maybe we definitely need to leave the language in here and see how it works out.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, I'll leave it in for purposes of discussion and maybe it will pop up elsewhere. I do know that one of the certification requirements this time is the importing of information, but it's I think going to be a real challenge to the vendors.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Well, if they can accept the consolidating CDA or summary of care document it is importable.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, but import is many, many shades of gray.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, that's right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I could attach it as a viewable document in a miscellaneous document section and it's essentially, you know, buried or I could tear it apart into all its sections and its discrete data elements and do a really sophisticated job of integrating as many bits of the document as I could into the information that I would have generated myself.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, like a path report, Larry, is what I'm thinking of.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Oh, so that's where this one pretty much…and the core dataset I just left…I kind of left, because that core dataset can be defined, you know, you said 20 elements, but I think that would almost have to be negotiated at some point, so it may not be everything. So, you know, right now the certification requirements require medications, allergies, problems in terms of reconciliation and then it says import the rest, but the vendors are really pushing back on that, because that's a lot of work.

So, I think that's why I wanted to surface it again for Stage 3, you know, I just don't know how far we're going to get in Stage 2. And, just like Larry said, it could be simply…and I'm actually fine with simply making the information available as a first step, because it's such a huge step. Okay and we're going to put 65 here in terms of the measure? And this is actually what I was measuring and this will probably get a lot…it's the acknowledgment that it was actually received.

Now the gap…oh, here was the gap I saw, in some cases when you do a referral you don't know to whom you're referring, right? You just are generating a referral, but how do we handle that scenario? Like you're going to refer to the cardiologist but the patient doesn't know which one they've chosen or something like that. Actually, that was one of my reasons for leaving it a little bit lower, because they're going to…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, I'm also expanding the scope here, this is not just generate, this is the receiver is acknowledging.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, this was…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Half of what you send gets acknowledged.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That's a pretty big jump, because now we're depending on…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

It's a big jump.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

It's not just send 15% more this is now half of what I send the other guy is capable and actually does acknowledge it.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, the mechanism in the computer communication there would be an acknowledgment back, if we're just talking system to system I think the acknowledgment is absolutely reasonable. So, it would say, Doctor B system acknowledges receipt of Doctor A's referral.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

If it's actually a clinician acknowledging that referral I think that's a stretch, because the clinician will still act on it in their normal workflow if the system acknowledges it. What do you think?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I guess I feel like the system acknowledging it itself like at the level of…you know, I know that the system didn't drop it, but I don't know that it got delivered to someone who is actually going to be able to use it.

Eva Powell – National Partnership for Women & Families

Yeah, and this is Eva, even though I know that we would get push back on this, I still like the notion of evolving this into in essence a requirement for providers to work together and if this is going to have that flavor then the acknowledgment needs to be by a human. But, I don't think it's meaningful to have the acknowledgment be a check the box, yes I got it, kind of thing, because that doesn't require…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

This is actually an overt, like when it pops up in the in-box it's an overt action, this is documentation, you're right.

Eva Powell – National Partnership for Women & Families

Yes, so I don't know, I mean to go that route where essentially you don't get credit for sending unless the person you're sending to receives it and acknowledges that they got it, wouldn't requiring lowering the threshold significantly, but there is part of me that thinks that we might accomplish more by doing that, but I'm not sure.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

No, I think this notion of building in a feedback loop that just begins with, you know, I got the thing you sent me.

Eva Powell – National Partnership for Women & Families

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And that's well within the meaning.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Do you want me to make is acknowledgment?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I'm happy if it's the level of the human that's the person handling the in-box and tagging into a record. I don't want to get into this, you know, we're burdening the physician with reviewing the problem list and we're acknowledging that they did reconciliation and that goes all the way back.

Eva Powell – National Partnership for Women & Families

Right, right, yeah, absolutely.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

What should I use…and again you probably know the clinical word, documentation implies that I would document I got it in the record, I wouldn't have to be a doctor, but well, it could.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Well, in general the workflow is…let's go to the paper workflow, right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Faxes come in overnight and that includes faxes for referrals or new results, someone reviews those and then places them in the record.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, exactly.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So it comes in the normal workflow and today they don't acknowledge that they received it except for the fax machine acknowledges whoever sent it that they sent it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, if we're saying that a transition of care is really important and we want to make sure that at the time electronically that the recipient acknowledges that they placed it in the record, because they had to review it, again it goes into my in-box now I review it, I determine my urgency in my workflow.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All that stuff, yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

…and then acknowledges back, I think that's very reasonable, as Larry said, you know, whoever is reviewing that record they have the same clinical burden today right now with faxes, but no mechanism to say, hey yeah I got that, right? So, we're saying once you accept it into the record and someone has acknowledged receipt and actions that goes back. I think that's a reasonable thing.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah and it is…

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

It's not the use, it's the receipt of, it's not the use of.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right, right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, is it…but then documentation is the right word?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yeah, you've acknowledged the…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

…documentation.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right and automatically the system would know who has looked in the in-box, who has opened it up, who has reviewed it and who has accepted it into the record. So, it's acknowledge and documented in the record.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, can we talk about threshold on that? Can we drop it to that say down to 20?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Eva Powell – National Partnership for Women & Families

Yeah, I would be okay with that if that's reasonable.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, it's hard for me to know what reasonable is, but I want to…

Eva Powell – National Partnership for Women & Families

Yeah, but…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

You know, that's 1 in 5.

Eva Powell – National Partnership for Women & Families

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

One in five, okay?

Eva Powell – National Partnership for Women & Families

But, is that specific to transitions?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Both.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, we're including…this would be consults and…

Eva Powell – National Partnership for Women & Families

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And admission in the next setting given a cascade of settings.

Eva Powell – National Partnership for Women & Families

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I mean, so I did not break out…I thought about breaking the referred case out separate, I just was trying to be…that was one where I actually…because we definitely have separate use case for referrals, but I just, you know, the feedback that we got is they want to document for referrals, they want to document for transitions and I just left it as one in that case, I didn't break it out. So, documentation and acknowledgment of successful electronic, you know, of electronic receipts of the care record summary by recipient provider for 20%, care record summary…

George Hripcsak – Columbia University NYC

This is George, I think that's a good way to start off and see what people say. I mean, this is the first step of a long process, so I think 20 is okay to start.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, I mean, what…I think our intention was we wanted to close the loop here.

Eva Powell – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

That was what we tried to do. So, we'll see where this goes. Okay, so I'll make it…we're going to send the transition immediately and add on, we're going to include that concise narrative just for conversation and the measure will be actually receipt as opposed to send and we'll get lots of feedback, but…I'll add some of the…Michelle you're getting some of the discussion points, right? I'll clean up the discussion. All right.

George Hripcsak – Columbia University NYC

Charlene, I'm going to have to drop off pretty soon, just so you know.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, George, I think we…you know, for purposes of tomorrow we're going to present as far as we get, is that all right with you?

George Hripcsak – Columbia University NYC

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, because I'm sure we'll have lots of feedback.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

George, was there anything specific you wanted to comment on before we lose you?

George Hripcsak – Columbia University NYC

No, not really, because I couldn't even review before this, I've just gone from Scotland to California and have kind of been in a whirlwind tour this week.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

George Hripcsak – Columbia University NYC

But, I'll be on the call tomorrow.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

That's great.

George Hripcsak – Columbia University NYC

Okay, bye.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Thanks, George. Okay, now this one was trying to respond to the input that we got relative to close loop referrals and so yeah, this one…as well as, you know, the discussion around we should treat transitions as well as referrals as orders and I know that in the quality section they added in referrals as an order, so I didn't kind of add that in, and also the recognition that there is an emerging process clearly for eReferrals.

So, what I wrote in here was…this is kind of a…and I don't know if this is EP or again we should make it EP, EH and critical access, but the capability to track. So, an EHR knows, and I really got a little aggressive here, when it sends out a referral it can track them, it can remind the patient and then it's able to receive and incorporate the results of that referral back into their certified EHR. So, this is kind of closing the loop.

I sent the order out, right? Under that order, now I know, I'm tracking that order, if the patient, you know, doesn't go get it, if I haven't seen them maybe you remind the patient and then when the information from the referral comes back I can close the loop. So, that was kind of my concept here.

So, I was trying to…that was kind of what I was trying to do with this one and I assume that because…and this could be a wrong assumption, that under the quality we were putting in the ability to be able to place orders to referrals and that's where the order would actually be sent out, so, I didn't put that requirement in. So, comments on that?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, first a tiny technical one, so we're a little bit further along than what's shown on the webcast.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Thank you, that's it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Because I'm working on my worksheet you know.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So am I but I looked over at the screen and realized it wasn't correct. So, what we're saying here is in the prior one we said sort of more at an organizational level when a summary is sent it can be acknowledged and now we're going when we're actively looking for information back.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, we've sent out a…we've asked a patient to see a specialist, we somehow electronically notify the specialist it's going to happen, maybe we send reminders to the patients making sure they got scheduled and eventually we get a message back from the specialist that has their consult report.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, that's sort of the macro description?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes. So, what I'll probably have to find out tomorrow is do I need to put in both sides of this sending it out as well as, you know, receiving it, but I was trying to close the loop on the referral side.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, I think it will be a huge step forward to do this, because it's one of the big complaints from the PCPs that they never hear back.

Michelle Nelson – Office of the National Coordinator

Charlene, this is Michelle, I'm just curious, it's asking for documentation of successful receipt, but if the patient doesn't actually go maybe it's more about some type of documentation that has been followed up upon whether the patient went or you sent them a reminder, or the patient refuses to go, maybe it's not necessarily the documentation of a receipt from the referring provider, because you may never get one.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Or maybe we make it 10% or something really low.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

A really low threshold just to get the process going, because I know there's going to be a…you know, like the…which we never got those slides, but I mean that was, you know, they were able to really close that referral loop with that doctor to doctor process that was kind of in the middle, but I was just trying to do the end process from the EHR or this scenario where again if they refer internally within an integrated thing, so…but there are patients that get sent out, that would have to be an exclusion I guess.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, you know, it's sort of interesting because ONC has made the point that they don't want to be overly encouraging within organization messaging at the expense of out of organization messaging, right? Because you may have…if everyone is using the same product, maybe even the same EMR, all that coordination becomes more robust and technically a whole lot simpler, but I think they've been trying really hard to not bias things towards integrated systems.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, one question is does this belong for not only the EP but also to the EH and I guess from a hospital…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Is it a broad objective or just an EP objective?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

So, one of the areas that we don't get good transitions is actually from hospitals to post acute care, which wouldn't cover it unless we also had eligible hospitals because often times that eligible hospital is doing a transition inside their own system and it's going as a paper transmit. So, I think we'd want those.

Eva Powell – National Partnership for Women & Families

Yeah, this is Eva, I agree with Leslie, I think we would want both, but would that situation be covered by the summary of care record or…I mean, I guess it's two pieces of a process of the referral to long-term care is…kind of precedes the actual transition.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And it's the core set where it gets confusing to me on this 20 core set data element, that's pretty much in the summary of care document isn't it?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, so what he had said in that testimony was there needs to be tracking the order and in addition the summary of care document needs to accompany it, you know, so when there is, it was two separate transactions is kind of how he saw it, again there's an order for the referral and the transition of care document supports it, it's not a…it still goes with it. So, I kind of left that intact as a common element across everything and then the referral…it's referred out and then when you get the report back you close that, so it's a different concept.

So, the summary of care document stays stable in all cases except eventually we might vary it in terms of…he talked about varying it's content based on where you send it to but I didn't get that sophisticated. So, what we introduced is the concept we're actually supporting with closed loop referral process and I didn't go as far as doing this for each transition of care. I kind of let that be covered by the other category.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, the overall objective is what's different, that you see that is different?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, the objective of this is to make sure that patients who are referring by an eligible professional actually are seen and that loop is closed so the information comes back, that's the intent of this.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Okay. I think that's fine. I was getting more…moving on, I'm sorry to the…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I didn't get more sophisticated than that for this one.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I think this is a case where we certainly want to encourage the capability and the technology so that there is something that can be done.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And then I'm hearing the question we've got that this is all new, so we don't really know where the threshold should be and we're suggesting something at 10 or 20% so we think that's low enough.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I'll put it low. I'll put 10% and we'll see how that goes just to make sure the capability is there.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay and then we'll have the conversation tomorrow is that outbound piece, the capability to send the transition…but I mean, that's where I get a little bit confused in terms of…and, you know, you're kind of on the other end of that, Leslie, in terms of if we say we're going to do orders for referrals do I have to state that I have to be able to electronically…have an eReferral order, right?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, we'll have to go back and tighten that up, but I mean, we have ePrescribing in that first section, why don't I have eReferral right? It should be the same.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And I think that this is really appropriate, because in Meaningful Use 1 and 2 we were looking at electronic prescribing and that connectivity was there.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And then we said, great lets push it, now we're saying, hey we want this new kind of connectivity to be there and lets push it, so I think that's appropriate.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so I'm not going to put it…I'm going to put in there that we're assuming…I'll put that as an assumption under the discussion, okay? That, you know, the ordering will be able to be handled like ePrescribing so it'll be an eReferral transaction and then we'll see what the comments are. But, again, what I tried to do is focus on closing the loop, right? That's our theme?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, we're now moving onto, unless there are any other comments, slide 6. Okay, and you guys might…this one…we might nix this then, because the requirement…okay, I'm trying to focus on this bidirectional communication requirement that we have, tracking of care members, sharing information with knowledge, knowing their preferences, key member roles and provider communication.

So, I made the assumption that the patient communication preferences probably would fall out of the patient engagement discussion. So, I put it in objective that we're able…and I don't know who is recording it, but we're able to be knowledgeable of the healthcare team communication preferences inclusive of what use cases, the urgency, their roles, their contact methods, the type of communication and their acknowledgment criteria.

So, fundamentally someplace in the system you have to know, based on, you know, what use case who you're going to send it to and how soon it needs to get there, but Leslie if we kind of go back we send it out and assume that the receiving system knows that do I need to put it kind of on that end?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I guess I imagine that it's like the separate from the care summary, right? Somewhere in the system there is a tracking of individuals or organizations that function as care team members and when I put them in a plan or I choose to send something to them that when I pick them off my list, out of a provider directory of some kind, that that directory is somehow smart enough to know, oh this person is completely paper, you know, print it and stick it in an envelope.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, exactly.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

The person is faxed based, this person has Meaningful Use 2014, you know, criteria system so I can send it, you know, check the box and this one we have a custom protocol that's outside the standards but the computer knows how to do it, I'm not going to try and over standardize what the choices are. So, there may be a whole range of stuff that we're envisioning exist somewhere and that that becomes very useful. I think it does become very useful and I guess the question is do we bake it into a criteria here.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Eva Powell – National Partnership for Women & Families

Yeah.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

I think it's fundamental to saying we're going to have some collaborative care…we're going to record care collaboratively.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Then we need to know who the people are engaged in that care as well as how that care happens. So, I think it would be worth some further discussion that it's really saying by 2016 we want to be able to record collaborative care and all who are involved, and this is a good first step.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so let me stick that under the discussion then, okay.

Eva Powell – National Partnership for Women & Families

And it may be simpler to talk about the care team members and their contact information.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, I'm good with that.

Eva Powell – National Partnership for Women & Families

So, that would encompass everyone that is electronic and paper, and for the electronic folks you could give your direct address or I mean that could be how it's specified in that way, but I worry about getting too detailed in terms of…at least in terms of what the Policy Committee recommends is in terms of, you know, what system do you have and you know that kind of thing. I mean, that's something they're going to have to work out on the ground.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I can put…I'll put a couple examples, but I'll put such as, right? So, I'll put and their contact information, you know, such as, you know, capability to track healthcare team members and their contact information, right?

Eva Powell – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Because, I mean, its like are they on vacation…, you know, you know how hard this is going to be, are they available, are they on-call, blah, blah, blah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, are they on vacation, I tell you I don't even know who is on vacation tomorrow let alone…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I know, I know, so it's…

Eva Powell – National Partnership for Women & Families

Yeah, I mean, I think as long as you've got the name, the role they're playing and how you might get in touch with them that's a great stride forward and then…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Say those words again. The role, I put role…

Eva Powell – National Partnership for Women & Families

The name, the role and the…oh shoot what did I say? The contact information.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Eva Powell – National Partnership for Women & Families

And that…perhaps we should specify…well I don't know, this I guess is something the group can talk about…it may be good to require kind of old fashioned contact information of everyone, phone e-mail in case the system is down or, you know, I mean Health IT is not going to do everything, there will probably be a time when you need to call and have an actual conversation, and so, you know, without over specifying, you know, I think we need to be careful about exactly what we require.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And what might the measure look like? I wasn't even sure on the measure.

Eva Powell – National Partnership for Women & Families

Let me see, what did you put here?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All right, we can think about that, let's keep going, I'll think about that. Objective measure, 10% of all patients was what they used before. And in this case they left…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

They also are recording the care team member, right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And now what we're looking to is to expand the information the system knows about the care team members.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes and they might come back and say well but it's not going to go on the document, will it?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

No.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Would you put it on the transition of care summary?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

No.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I mean, you need it to be able to communicate.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

Eva Powell – National Partnership for Women & Families

Yeah, I mean, I would think, so many of these things that we're talking about I think in the future will be, you know, part of or somehow intimately connected to the care plan and this is certainly one of them. So, I don't know if that helps or not in terms of, you know, if we think that in the future this will need to be part of the care plan, so what can we do today that kind of leads us down that path.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, but we're really enhancing beyond the care plan, I mean, that's sort of…when it comes to a measure.

Eva Powell – National Partnership for Women & Families

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay and I have care plan next, so we can decide if we want to include it there or…it just felt to get to meet this bidirectional communication objective to accompany this space because that was one of our…okay.

Eva Powell – National Partnership for Women & Families

Well, I mean, most of this is still going to be attestation, right? So, maybe we just set a flat percent of x number of patients have this recorded.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Ten percent, let's start with 10%.

Eva Powell – National Partnership for Women & Families

I don't, I mean, if we're just doing recorded that seems low to me, but I mean that's something we can hash out I don't know that we need to debate a lot of thresholds here, but…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And this applies to all of them, right? This is more than EP; this is all of them, right?

Eva Powell – National Partnership for Women & Families

Oh, yeah, yeah, I would say so. I mean, theoretically when we're talking about care coordination it would seem that, again theoretically, there could be exceptions to this, that everything we do is all providers.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

You know what, I think you're right too, because you know that referral, sometimes like, you know, if you're in a community hospital you refer out to a tertiary hospital for a surgery, right?

Eva Powell – National Partnership for Women & Families

Yes. Yeah, now whether you would need to know information, I don't know, I mean, I think that raises good questions, but I guess my inclination is that if we're talking care coordination that it's kind at cross purposes to exclude any providers.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, I'm going to put it in for…I mean it will be a good discussion point, I'm going to put it broader, because I do think hospitals…I mean the threshold will be lower, right?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Eva Powell – National Partnership for Women & Families

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I said 10%.

Eva Powell – National Partnership for Women & Families

Right.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

It is everybody involved and I also think this really sets the stage for in collaborative communication it's a fluid and dynamic process, if we can get whoever is involved in care along with the patient and the family in this sort of preference setting of communication we've gone a long way.

Eva Powell – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All right. Okay, now the next one, page 7, okay, so again in Stage 2 care plan goals and patient instructions are now incorporated as part of the summary of care document, so in Stage 3 I'm recommending that we actually…I guess we can spend a lot of time…I tried to do it from the EHR view. I didn't say you've got to be able to develop, but this was, you know how we said you need to be able to mediate a care plan, so I've included two parts that from an EHR perspective you're able to integrate into your system and/or develop it, a patient's care plan and to enable a provider to, I actually incorporated that into the EHR, I probably went a little far, and that when you're done with it you're able to send out updates to the care plan when the patient is transitioned or referred.

So, I've got kind of two questions, again we can kind of comment on it, but as I was thinking it through, remember how we talked the care plan may need to be a separate document and maybe we don't have to define that here, but that was kind of why…well I guess it could be included in the care summary document if…I'm not specifying that, right?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, so, I think the concern I've got here is how much are we assuming that the care plan is a richly structured thing inside of each EHR and then what gets sent is somehow machinable, which seems like a stretch seeing how we don't really have standards for any of that today.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Whereas a narrative summary of the plan with sections and headings, and all that stuff is important.

Eva Powell – National Partnership for Women & Families
Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
And would probably be useful to have and that we want to make sure it gets communicated.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
So, you're kind of coming back to that little narrative note thing I had earlier?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
No, this is now thinking about the care plan itself.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So, the care plan inside of most EHRs has got lots of active components that you can update pieces.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Exactly.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
And all kinds of stuff.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
You're exactly right, problems that are multi…you know, problems related to interventions and there are multiple ways to each other, you know, it's like, yeah it complex.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Right, so a lot of complexity inside the EHR.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
And today I'm unaware of any standards for moving that complexity from EHR to EHR.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
You're right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Let me write this down.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
The ability to receive and review a plan, you know, that doesn't imply structure, so that's probably fine, right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And incorporate the historic plan into care, you know, incorporate could be at the level of I just bring in the narrative of the plan.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Transmit updates of patient's plan, I guess if I think about that broadly it's probably fine, when I think about it narrowly and say I changed this goal I can't just send the new goal in isolation because it won't make any sense to the receiver.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

You're exactly right.

Eva Powell – National Partnership for Women & Families

Well, and isn't this the whiteboard concept that we've been talking about?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, that gets to the whiteboard concept as well because if you had actually a summary somewhere that was interactive you could see what the plan was.

Eva Powell – National Partnership for Women & Families

Yeah.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And I was looking at the testimony that we had from Larry Garber and wondering if that informs us because he had a three year plan on a care coordination care plan sort of document using the consolidated CDA framework but with a many to many kind of relationship instead of what we think of as a results and just a one to one relationship, right? And, so maybe our instructions are really to define a collaborative care communication model with the expectation that all caregivers and family, and patients can collaborate in care, because sometimes it will be episodic, sometimes it will be quality of life, sometimes it will be acute care, post care, these will be fluid.

Eva Powell – National Partnership for Women & Families

Yeah, well and I'm beginning to think that what Leslie is saying is really the biggest contribution we can make, because it just feels to me like so many of the criterion in Stages 1 and 2 first of all are leading us there, but to try to advance them…not inoculation, but as individual things in Stage 3 doesn't get us to this notion of a care plan. So, this is a really hard spot I think, because this is going to require some real innovation and ingenuity.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And, maybe this is actually worth having a day long testimony just like we did with patient generated data, because this is a very complex item and so in our recommendations we expect the care team to include patients, their family members and all providers active in care, that's our expectation. We expect it to be documented in the records of all of those participating in active care, and then, you know, what does that look like that we can come back and say here are the key criteria and the roadmaps to get us there.

Eva Powell – National Partnership for Women & Families

Yeah.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So that we are actually recommending dots that connect to an overall collaborative care model.

Eva Powell – National Partnership for Women & Families

Yes, well and Michelle, am I right in thinking that the September hearing that will focus on advance directives, that that is one panel of that hearing, but the overall hearing is about care coordination, is that true?

Michelle Nelson – Office of the National Coordinator

Well, the hearing was about advance directives but we haven't had the planning call, we didn't have time on the last Meaningful Use Workgroup, so we can certainly designate a whole panel if that would be helpful.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And when is that advanced directives meeting?

Michelle Nelson – Office of the National Coordinator

We are hoping, and I don't know if we'll get to it, on tomorrow's Meaningful Use Workgroup call, so we probably won't be able to…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I don't think so, because with my stuff and what Art has I don't think we'll make it.

Michelle Nelson – Office of the National Coordinator

Yeah, exactly. So, probably the next Workgroup, because we want the whole Meaningful Use Workgroup to be a part of the discussion and so whenever the next call is and I'll look for that right now, that will definitely be probably the first item we talk about. And we're hoping to have the advance directives hearing in early September.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Oh, great, okay. I am just looking at the testimony from Larry Garber that talks about the plan of care.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

That accommodates health conditions, goals, interventions, actions, it's circular, you know, there's many different parts of it, and it says that the consolidated CDA can help to prepare for that and that we have…sort of included are things like patient's value, patient's status, patient's access to care, barriers, related conditions, related interventions, start date frequency, responsible parties, you name it. The CCD document allows for goals, so we could have that in too, which I think are there, and then three we're looking at is this year specify sections that already exist and are well defined, like MDS and Oasis, functional cognitive wound statuses and interventions. Then move to decision modifiers and additional interventions, and conditions. Then move to a plan of care which brings in values and access to care, and then over the next two years define the data elements that are absent or insufficiently specified in the consolidated CDA for long-term, post acute care.

So, he is saying that potentially that could be a structure to use for a care plan, the work that is being done right now in the S&I Framework for long-term or LCC was the longitudinal care coordination, so perhaps I think it would be worthwhile maybe having really good steps defined in this.

Eva Powell – National Partnership for Women & Families

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Because it's very complex.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, I'm going to leave it, I put, could be narrative, but I think we can bring this is up in the discussion, so, you know, I don't know if we'll get to this visual whiteboard, but…

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yeah, it's like that.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

But, I'm also going to put in the notes is that certainly, you know, the intent is to get to this collaborative care model and the care plan is going to give us that transition, but they're very complex, they're complex within the EHR, there is work being done, you know, in the S&I Framework to define a transition plan based on the CDA. So, this kind of might be a low bar, but it's hard for us given the current state to jump that bar except that we want to start to mediate it. Is that all right for at least our first discussion tomorrow?

Eva Powell – National Partnership for Women & Families

I think so, and I don't know, I mean, Michelle is it helpful for us both as a Subgroup, as well as the Workgroup, to provide some pretty clear specific guidance but leaving the document open, kind of in the nature that we did the summary of care document and that, you know, a lot of providers combined that with a discharge summary or kind of, you know, built that into their existing workflows, but if we set as the objective and then the subsequent measure essentially an open criterion that says you must provide basically what it says in the grid here or I'm sorry I'm looking at the patient engagement grid it talks about a central clearinghouse for care team members to interact with the patient and with each other for what purposes, and so almost describe it, and then let providers work out with their respective vendors, and the others in their community who are going to be needing to access this and use it, and contribute to it whatever works for them. Does that provide enough guidance for vendors or…because I don't see that this is going to be a vendor product that is an off the shelf kind of thing.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

No.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, it could be a couple of things, it could be a new communications platform.

Eva Powell – National Partnership for Women & Families

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Or it could be a framework for communicating many to many information like today we do with e-mail or we have the ability to have multiple things sent.

Eva Powell – National Partnership for Women & Families

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, I don't think we should be…it could be a care collaboration platform, it could be a care coordination structure of a CDA within a Direct framework.

Eva Powell – National Partnership for Women & Families

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, we don't know, we just know that we need to accommodate a collaborative care record.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Michelle Nelson – Office of the National Coordinator

And we're trying to collaborate with the standard side and have them help us with things like this too, so, I mean this is something they could help us with as well.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, so I put comments to standards too, so...

Michelle Nelson – Office of the National Coordinator

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Is there any other…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, structurally this is sort of interesting, right? This whole collaborative infrastructure.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

It is, there is a new infrastructure, it's just not an EHR-based infrastructure necessarily, right? That's what I'm trying to like detach from a bit, you know, an EHR could own it, right?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, but it could be separate.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Or it could just be a recipient to the sender.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, part of me would really like to actually engage that conversation as its own topic, it's like we feel like we're sort of pulling the notion, the traditional notion of an EHR.

Eva Powell – National Partnership for Women & Families

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

This is now a collaborative platform, we envision, you know, lots of summary displays that are helpful to people knowing what's happening today, you know, if you're the patient that's what we heard, tell me what procedure I'm getting today, so I have someone in a white jacket role, you know, show up and put me on a gurney and I disappear. I mean that's sort of the extreme on the inpatient side.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I mean that's sort of the extreme on the inpatient side but on the outpatient side I think it's very helpful to organize, you know, I've got to see three specialists this week, knowing who I'm seeing and they may or may not all be in the same record system.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yeah and preparing for that equally, so I can say my family history and all my history and send it to all of them.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And for specialist number one they're really going to be interested in this particular part of my care history and specialist number two they're going to want to know what my blood pressure has been for the last month, you know, so it's really…it is moving to a new model.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And, I think we said, at one of the hearings, Paul and David kind of both said that, like Stage 3 is the beginning of that.

Eva Powell – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Whatever it is, that new thing.

Eva Powell – National Partnership for Women & Families

Yeah, I think he said that Stage 3 really begins or is the transition to patient centered care. Well, and to me the conversation about advance directives, although I know that there are specific policy issues relative to that kind of outside of care coordination, but in my mind having that conversation as a separate part…to me that conversation is fully relevant to…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I'm totally aligned with that.

Eva Powell – National Partnership for Women & Families

And, so, so that's why, unless the issues that are very specific to advance directives would take up more than just a panel's time, it would seem that that hearing could be about care coordination and this new platform, because this notion of the new platform may change what some of those advance directive issues are.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So, for instance, I think you're right, so let's say I have a collaborative care record that allows me now to update my values, my preferences, my directives, my care status, I mean there's a lot of things that I can update and maybe advance directive is the first place that we already have some common understanding of it, right? Today, we know what it is and moving it into an orders model is pretty well envisioned in that testimony that we had, people said, yeah that works there. So, I think you're right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And Leslie, kind of what you're saying is if you think about where the greatest impact would be, to be able to from this process start to inbound some of that information would have really high value, if it's not everything, if we can get our arms around that.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I wonder how much of this isn't sort of a reborn personal health record.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

I don't think it is, Larry, because it's not that any one party has more strength than another or that there is…it's really that all parties have equal amount of information, some may choose to accept it in their record because it's material to the care at the moment and some might accept it as a historical reference only, right?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

But, it's that idea that we have this way to get information in a much more of a circle than point to point.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, like for instance there are spikes in the market which based on who you call become your like your contact list, so you could see it becoming the inverse of what the current state is if you will.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yes, I like that.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

…so there will be all sorts of innovation in this space.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And I think what we can tell the group is we…if we have to we can come up with what we think are the right things, but what we do know is that collaborative care and care coordination require something we don't have today.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, okay.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And we want to do that right and that could be hearing a separate hearing or panel on this, but our recommendations might be as much as there is a collaborative care team, it does include the patient and their family members, you can…it is fluid and dynamic, it can be episodic, chronic or home-based, and that all parties need to be informed equally.

Eva Powell – National Partnership for Women & Families

Yeah and I think that's much more consistent with what I have heard others talk about who have actually been working like to try to come up with what is the care plan because we need to come up with a care plan to share among all of the providers in our community and I've not heard of anyone who has actually been successful in that, because once you get the care plan to be perfect say from the hospital perspective it becomes mostly irrelevant to the nursing home or I mean…and that's what I've heard is simple is better and so maybe it's not so much the notion of specifying a document or even the information to go in the document because that's where you run into various needs, but more this idea of collaborative platform and we don't really care what that looks like as long as it meets certain functional criteria.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Eva Powell – National Partnership for Women & Families

Which would be what Leslie has said.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

I think of it is you've got all these circles of care and where they cross over in that Venn diagram is what we're trying to define.

Eva Powell – National Partnership for Women & Families

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, I'll put those notes in the discussion and then we can kind of just talk about that tomorrow.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All right, then the last page, I'm going to segue for just a moment, I wasn't going to repeat, but this will kind of come in, in that conversation and then I want to kind of segue to slide 9 which is kind of what we refer to other Workgroups and I did not go through everything that is referred to us yet, so we'll have to come back around, but as we think about problems I just wanted your comments on this. Actually, if you look at slide 9 I have the problem list and it's interdisciplinary, is that the current word or is there a new word? Those words change on me all the time, interdisciplinary, multidisciplinary, patients, you know, is there a correct language around that right now?

Eva Powell – National Partnership for Women & Families

I like interdisciplinary, but I don't know what is…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, Kindred uses interdisciplinary, but…

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And I think what you're trying to get to is that sometimes a problem list like in an ambulatory setting is often cumulative whereas in its hospital setting it is the problem list for that admit, for that episode of care, those could be interdisciplinary. So, are you trying to get to a problem list as either episodic or lifetime or…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Well, that kind of where I think there's this whole question about how we're going to…I think it's going to be important in Stage 3 to figure that out is what I think, because it's got to be…we've got to figure that out if you want to drive for this collaborative care model because the step in the process and this is where I don't where it starts, if you define here's a patient and, you know, they've got diabetes and they've got congestive heart failure, systems will become smart enough to figure out okay based on these patient conditions and my population, blah, blah, blah here's the recommended care plan or course of care, right? That's where we're going. So, it seems like putting a stake in the ground to say we've got to figure out how we're going to manage this collaborative problem list is going to be pretty important for Stage 3.

And I didn't know how far to go relative to suggesting that it actually suggest evidence based treatment, that's a big step, right? So, I thought at least we should say being able to represent the roles and responsibilities of the different care team members, who is going to do what, what the patient role is there, right? In this care plan, but you've got to start to know who is managing what problem, right?

Eva Powell – National Partnership for Women & Families

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Exactly, and with every new intervention that could actually introduce a new set of problems or reactions, right? I have a reaction to this medication; I have an intolerance to this food, so…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, this is a big, I mean, if we're serious we're going to have to spend some time on this one is the only point I was trying to make.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yes, but I do think that…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, I guess I'll chime in and say, you know, we call it a problem list and it sounds like a list and it's just a flat list, but actually there's relationships among the problems, different specialists could see the same problem with different terminology, ideally though somehow get represented structurally as well.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And actually, if we think about the collaborative care required in an ACO this is a great, this is a great opportunity to try to get this right to affect a lot of transitions of care.

Eva Powell – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, I put that under problem list reconciliation some of that discussion so that we could have it, but it seems like a really important stake to put in the ground.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, I'm sure we'll get some feedback on that. So, what I wrote here was I kind of just summarized, you know, this will be the discussion, like I've got a reconciliation process to reconcile this stuff but it assumes that if we're going to do a medication list it should include patient generated data, the interdisciplinary care plan and support of collaborative care, I put the eReferrals in here, I put my narrative in here. I don't know if we want to put this care team members…I think we need to get through our discussion and we'll decide if that falls in or fall out, patient goals, contraindications, care preferences including advanced directives, and this is the ability to actually create that evidence-based care plan, and then incorporate the standard functional assessment scale. So, there was a lot that I had feedback to that work actually starting to capture the data. Do you think goes too far or at least we should put it on the table for discussion?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

I think we should discuss it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, I mean, I think it will be based…I mean how deep these go will kind of be a function of the kind of input we get tomorrow. Then I had some under patient engagement and this is where we started to talk about the ability to capture, this is what Christine was going to, so I actually wrote them down based on our discussion of things that we thought should be patient reported data, I got specific, and then again giving them the ability to access the care plan and receive alerts and reminders and then I gave them the ability to self-refer.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I guess the question I want to ask is where do things like patient generated data including at home, telehealth, monitoring devices is that something we want to sort of put on the table beyond sort of this more interactive narrative maintain lists of things?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

I agree.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So where do you want me to put that, under?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, this could be in your long list of patient reported data.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay. Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Because I'm thinking of things like, you know, if I'm a diabetic and I have a smart meter and it's recording my glucose levels when I test myself or I have a smart scale and it's recording my weight when I get on the scale, or if I have a smart exercise bike that knows how far I biked today and at what pace, you know, depending on my health condition more or less of that might be relevant to the clinicians and certainly it might be something I'm tracking as well, and you know, I don't necessarily want to give a real-time data stream to everybody, but certainly to be able to give them some kind of summary and to acknowledge that this is happening, I mean it's sort of the question, right? If we're looking out a few years what's patient engagement going to look like?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, add in knowledge, oh, my goodness.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

No, no, right, I mean obviously if all this data is now streaming into the provider they have to deal with acknowledging it or not.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

But, I was thinking more we as a Workgroup need to acknowledge that the environment is changing, I mean, to the level of patient self-monitoring on the level of tracking people's health and their physical activity is not necessarily changing for everybody but it's certainly changing for more than a 1%.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, actually I made it…okay, and Christine's…the pushback Christine got last time it was there was too much already, so…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, we're a bunch of troublemakers.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

But, you know, though I think it is normal, we are so far out ahead we've been asked to present recommendations so far out ahead we need to be far reaching and controversial.

Eva Powell – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

But I can put all this stuff in, okay, thank you. And then I…under population health I put, this was an example where, you know, you're monitoring populations, you identify patients at risk for re-admission, diabetic and you can…and then I started to jump a little bit, you can identify and suggest evidence-based care, you know, there's a bunch of stuff that you can do there, suggest...and now people will say who's evidence. And, I'm not sure this is under…I'm not sure this is the ability to monitor individual patient care progress and suggest interventions based on progress relative to the care plan including patient generated data. So, I'm not quite sure where that one should go, the second one there, if it's under population health or it's…maybe it's under quality. Number two should that be under quality?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

You know, it's either where it is under patient engagement or quality, I mean, I don't want to put so much into quality that we get lists of things to check off like we would a quality measure, we're really talking about a whole new engagement and collaboration framework.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I know, I know.

Eva Powell – National Partnership for Women & Families

Well and…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Do you want me to put that under…do you want me to put number two under care coordination?

Eva Powell – National Partnership for Women & Families

Yeah, I think two…well it depends…I think two actually has two different foci; one that should go under care coordination is the individual care plan itself.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, I'll put that back there.

Eva Powell – National Partnership for Women & Families

But, I think where that has implications for population health is when you're looking across your patient population and what their needs are, and how well they're being met, and how you might meet them more effectively, and so that certainly has a connection to individual care plans, but I think of the care plan being always an individual thing, but the corresponding thing in population health would be either a registry or like the list of patients by illness, that kind of thing.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Eva Powell – National Partnership for Women & Families

Some sort of…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I was struggling a little there because there is the print the patient list that we have under quality.

Eva Powell – National Partnership for Women & Families

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, I could either put it under quality, because it could be the registry, because that's really what we're talking about there.

Eva Powell – National Partnership for Women & Families

Yeah, well…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And then there is clinical decision support that's there, right?

Eva Powell – National Partnership for Women & Families

Yeah, well and I think this one of those areas where the sections we've defined for purposes of getting to this point are becoming obsolete because…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Eva Powell – National Partnership for Women & Families

…each other.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All right, so I'm going to move two back under our section and then should I move…I'm going to move one back under…I'm going to move one up to quality, because I think we're…these are arbitrary at this point, right? So, does that work?

Eva Powell – National Partnership for Women & Families

I think so.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, that's fine, well get discussion and that is really what matters.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, all right, okay, that's good. All right, so are we…we're certainly not totally baked yet but are we good to at least surface this tomorrow?

Eva Powell – National Partnership for Women & Families

I think so.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All right, I will…Michelle you'll probably send me your edits back?

Michelle Nelson – Office of the National Coordinator

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And then I'll clean it up and resend it out later on this afternoon and we'll review it tomorrow if that works, and get our first set of feedback. Did we touch most of the key areas in your view, any gaps?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

I think we will get asked to probably specify more coordination on the inpatient setting than we've noted, things like food, dietary, other patient intolerances and stuff, but I think that can come from our whiteboard discussion.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, all right. Okay, so I think, Michelle, we're done with the discussion today and if we could open it up to public comment?

MacKenzie Robertson – Office of the National Coordinator

Operator could you please open the lines for public comment?

Public Comment

Caitlin Collins – Altarum Institute

Yes. If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue.

We do not have any comment at this time.

MacKenzie Robertson – Office of the National Coordinator

Thank you.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so well with that, thank you everyone for your help on this and look for this document later tomorrow and I really appreciate…I would appreciate your comments and lively discussion as usual tomorrow.

Eva Powell – National Partnership for Women & Families

Great, thanks, Charlene, thanks for all your work.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, it's been great.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All right.